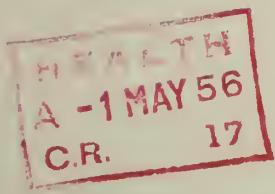


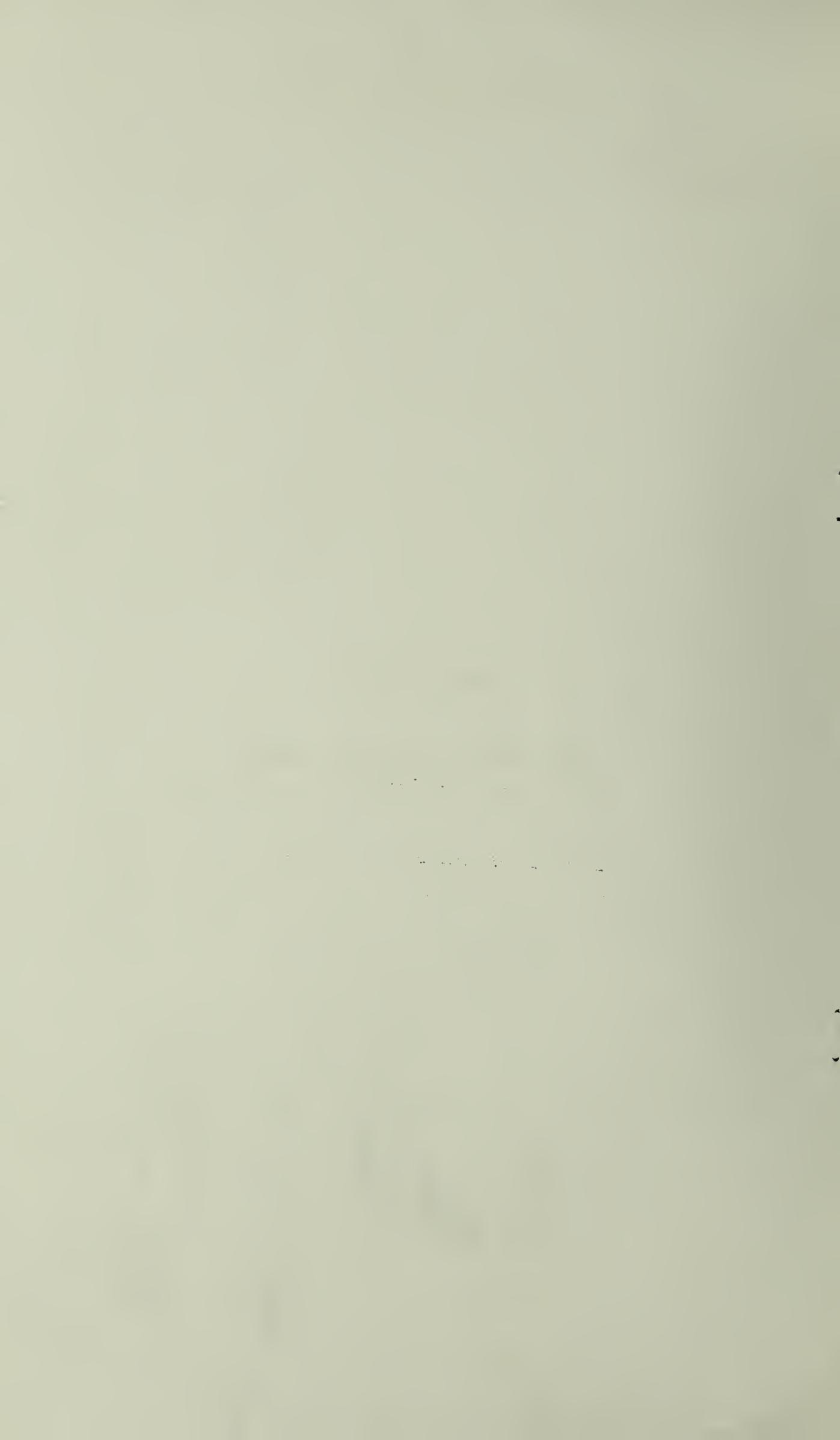
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CREWKERNE URBAN DISTRICT COUNCIL



ANNUAL REPORT
of
THE MEDICAL OFFICER OF HEALTH
For the year ended 31st December, 1955.





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A.M. McCALL

M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health

P.P. Fox
M.B., D.P.H.

Sanitary Inspector

A.C.N. GULLY, M.S.I.

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F.A.K. Randle
B.A. Rhydderch
E.J.R. Tett
L. Thomson
C.T. Woodford.

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T. Hutchings
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HEALTH VISITORS

D. Baker, S.R.N., S.C.M., Q.D.N.S., H.V.,
P. Cowdrey, S.R.N., S.C.M. Q.D.N.S.

TUBERCULOSIS HEALTH VISITOR

Mrs. J.M. Pitt, S.R.N., S.C.M., H.V.

To the Chairman and Councillors of the Crewkerne Urban District Council.

Gentlemen,

I beg to submit my Report for 1955.

Apart from a small outbreak of Measles during the early part of the year, there were no other epidemics.

This year in my Report I have continued my policy of stressing certain subjects of Public Health. It is quite impossible to give every details of all aspects of the work carried out each year, but over a period of years I hope to be able to cover most subjects. This year I would draw your attention to the greatly improved standard of Domiciliary Midwifery Services offered to residents of the district. I am particularly pleased about this in view of the fact that we have recently lost the Maternity Unit at the Hospital which used to deal with cases needing Hospital confinement. I would like to be able to report that expectant and nursing Mothers were able to obtain Dental treatment, but I regret to say that owing to the shortage of Dentists in Somerset, the County have never been able to provide this service in the Town. It is regrettable because during pregnancy, the incidence of dental caries increases sharply due to other calls made on the Mother, and dental inspection and treatment are most important.

I have also dealt at some length with defective colour vision of school children. There is confusion in some people's minds on the subject, and following my recent survey I felt it wise to try and clear up any misunderstandings which may exist.

The Sanitary Inspector and myself carried out a detailed survey of all licensed houses in the Town and forwarded our recommendations to the Brewers concerned. I am pleased to be able to say that we had a very satisfactory response from them. Here again, I have reported in considerable detail and have also mentioned the responsibility of the Licensing Magistrates in the matter.

Once again I would like to take this opportunity of thanking the Council for the courtesy they have shown me during the year, and also to acknowledge the help I have received from Mr. Gully, my Sanitary Inspector, and Mr. Watson, the Clerk.

I am,

Mr. Chairman and Gentlemen,

Your obedient Servant,

A.M. McCALL

Medical Officer of Health.



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SECTION A

Statistics and Social Conditions of the Area

Population The Registrar General gives the estimated mid year population for 1955 as 3,970 - identical with last year. Appendix A Table 1 gives the general statistical details of the town.

Birth Rate The Birth Rate for the town was 11.6 per 1,000. This compares unfavourably with the 1954 figure of 14.9 and is the lowest for many years. Even when the comparability factor is taken into account the figure of 12.4 is well below the national figure of 15.0 per 1,000.

Details are shown in Appendix A, Table 2.

Death Rate The Death Rate for the year was 11.3 per 1,000, slightly less than last year and allowing for the comparability factor our figure of 9.3 is well below that of 11.7 per 1,000 for England and Wales.

The causes of death are shown in Appendix A, Table 3.

Diseases of the heart and circulation were again at the top of the list having caused 19 out of a total of 44 deaths. The need for research into these two main causes of death is obvious.

Crewkerne during the last two years has become particularly interested in the cause of Cancer Research. A very active Committee under the Chairmanship of Mr. R.J. Ramus have collected very large sums for this purpose and in fact in 1955 the town was awarded the Nuffield Trophy for having collected more per head of population for the British Empire Cancer Campaign than any other town in the country.

It will be noted that pregnancy is given as the cause of one female death. This might lead to a misunderstanding if left without comment. The subject was a woman of 64 years who died of uraemia during an attack of nephritis. The original damage to the kidneys occurred during pregnancy 30 years before and it was so stated on the death certificate.

The case of gastritis referred to our oldest inhabitant who died at the advanced age of 100 years, but apart from the natural senility the immediate cause of death was stated to be gastritis.

Infant Mortality There were no deaths of infants during 1955.

Maternal Mortality I am pleased to be able to report that yet another year has passed without a maternal death.

Social Services The Social Services were improved during the year as a direct result of the Rotary and Round Table organizations. Both provided transport to enable patients and relatives to attend hospital. In addition the Rotarians paid for a Chiropody Service for old people in the town. The Local Health Authority (that is the County Council) may provide such a service, but so far have not taken advantage of their powers. However, the need for such a service for old people was known to exist and we should thank the Crewkerne Rotarians for providing it.

The Old Folks Club continued to flourish under the direction of the energetic Committee.

SECTION B

General Provision of Health Services in the Area

I reported in this section last year that it is my constant aim to increase the medical services of the Town, whether they be administered by the Local Health Authority or by the Regional Hospital Board, and during 1955 I am happy to be able to report two new Clinics were commenced, namely, a Speech Therapy Clinic and a Breathing Exercises Clinic.

Every room in the Clinic Building is now used nearly full time, with the exception of the Dental Department, and I feel that it is not an inappropriate moment to consider the present situation as compared with 1950 before the present building came into use.

The Council at that time decided to sell No. 16, Church Street, which had been the Water Company Offices, to the County Council for conversion into a Health Clinic. The County Council as Local Health Authority were at that time renting a Church Hall twice per month for the purpose of an Infant Welfare Clinic. School medical inspections were held on the school premises where possible, but in a hired Church Hall in the case of the Infants' School and the Secondary Modern School which were then, as is the case now, unable to provide adequate facilities for the Doctor.

The new building when converted provided administrative offices and caretaker's residence, in addition to three rooms on the ground floor for Clinic purposes, and a separate Dental Clinic on the top floor.

I then considered how best the space available could be used for the benefit of the Town. The Infant Welfare Clinic was, of course, immediately transferred to the new building, and medical inspections of the Secondary Modern School, the Girls' School and the Infants' School were also held there. A Minor Ailment Clinic was commenced and later an Ante-Natal Clinic was held twice per month. The Regional Hospital Board, in conjunction with the County Council then agreed to the holding of an Orthopaedic Clinic in the building once per month. This obviated the necessity for parents to take their children to Yeovil Hospital. Just over twelve months ago, the Regional Hospital Board agreed to the temporary transfer of the Physiotherapy Unit from the Hospital Out-Patients' Department which was already over-loaded, to the Health Clinic. At the same time they increased the number of sessions to two whole days per week. As a direct result of this a second Physiotherapist offered to hold relaxation classes for expectant Mothers in the building, twice a month. There was a proven need for Speech Therapy in the area, and the County Council were successful in appointing a teacher to this district, and she attends once weekly for the whole day. Finally, it was found that certain children with Asthma and similar conditions were travelling either to Yeovil or Taunton for special breathing exercises, and I, with the County Council's help, was able to commence a Clinic here in Crewkerne. Although in its infancy, it has already started to do very good work.

The details of these Clinics will be found in the subsequent paragraphs of this section, but when it is realized that all this work takes place in three well designed rooms, I think the Council must be very well pleased with the decision of their Predecessors to agree to the sale of this building, and must also feel that they have received a great deal of help from the local Health Authority, namely, the County Council, to whom our thanks are due.

Care of Mothers and Young Children

Infant Welfare Clinic These Clinics were held twice per month, and a Doctor was present on all occasions.

In my report of last year, I noted that there was a general falling off in attendance and I felt that this was due to a succession of different District Nurses working in the Town. The County Medical Officer was in agreement and finally two new Nurses were permanently appointed to the area. Their work in the town is of a very high order, and already the Council have had occasion to thank them in other connections. The effect of their work on the Infant Welfare Clinic has been to increase the number attending, and the value of the Clinic itself.

The correct function of a Clinic of this type is to keep a child in perfect health from the date of its birth until it has reached school age and with this aim in mind the Clinic functions as follows:-

On the first attendance of the Mother and child full details of the child's birth are recorded, the child is then stripped and weighed and taken in to see the Doctor who thoroughly examines the baby. The Mother is advised on any abnormality which may be detected, and a course of action outlined. Subsequently, the child is stripped and weighed at each visit, and the Mother is able to receive advice from one of the Health Visitors who is in attendance for that particular purpose. If either the Health Visitor or the Nurse weighing the children is unhappy about the condition of any infant, it is immediately seen by the Doctor. If treatment or Hospital appointments are needed, these are made through the child's private practitioner. Vaccination and immunisation against Diphtheria and Whooping Cough are also offered, and the value of these procedures is explained.

This routine work has proved to be of very great value. An abnormality is detected at the very earliest moment when the chance of correction is very much better than when it is an established disease. The misapprehension of some parents that the Clinic is a ready method of checking the diagnosis of their own Doctor, is very strongly discouraged, and no advice or treatment is suggested whilst a child is actively attending its own general practitioner. It is also stressed to the parent that any suggested treatment can only be commenced with the full approval of the private Doctor, and in this way the Health Department endeavours to foster a strong link with the general practitioners' service.

Whilst the Clinic is in session, certain proprietary foods and vitamin preparations may be purchased at special rates.

On two days of every week the National Welfare Foods are on sale in the Clinic and not in the Food Office as previously was the case. This has the advantage of making Mothers familiar with the location of the Clinic building, and, through notices and posters, conversant with the Clinic's activities.

Ante-Natal Clinic The Ante-Natal Clinic is held twice per month throughout the year. The Medical Officer attends alternate sessions for the purpose of taking blood samples for submission to the Laboratory. The samples are examined as a routine for Wasserman, and Kahn, Haemoglobin estimation, and the Rhesus reaction. The examination of the blood of expectant Mothers is now a routine procedure in this area and is well supported by the local Doctors who send their patients here by appointment. The number who attended during the year was 81.

As mentioned in the introductory paragraph of this section, relaxation classes are now held twice per month. Miss Taylor, a fully qualified Physiotherapist conducts these classes. She explains the mechanics and physiology of child-birth, and also explains how the Mother can most usefully assist in the birth of her own baby. This is followed by practical teaching in methods of relaxation. These classes have been so welcomed by the Mothers

that they need no persuading to attend regularly, and we have found little necessity to repeatedly publicize them. The Mothers tell one another of the great advantages of attendance and of the very happy practical results. I am most grateful to Miss Taylor for the way in which she has helped the Mothers of Crewkerne during 1955.

In addition, Nurse Baker has been having an informal meeting with groups of Mothers. At these she describes the layette for the baby, the most suitable dress for Mothers during pregnancy, the type of shoes to wear, other practical details of Mothercraft which young Mothers are often quite ignorant about, and also the correct diet during pregnancy. She also shows the gas and air machine and gives them a practical demonstration of its use in order to familiarize them with every possible detail of their confinement beforehand.

Domiciliary Midwifery The District Nurses continued to attend expectant and nursing Mothers in their homes, with the private practitioners supervising the cases. The practical service of delivery of the Mothers and their after care, follows naturally on the work of the Ante-Natal Clinic. The Mothers approach their time of confinement with the knowledge that they have been well cared for in the preceding months. They have a sound knowledge of what is to take place, and they are well acquainted with the Nurses who will be looking after them. All this leads to a feeling of calm confidence which is so essential, and I am quite certain in my own mind that the standard of the Domiciliary Midwifery Services in Crewkerne was never higher.

Maternity Unit - Crewkerne Hospital I reported last year that this Unit had closed, originally due to staffing difficulty, but finally on the decision of the Regional Hospital Board and the Local Hospital Management Committee. Despite this decision, the Council, supported by the Chard Rural District Council and the Beaminster Rural District Council, continued to press for a revision of the Regional Board's decision. Finally, after considerable negotiation, the Regional Board sent a deputation to meet representatives from this Council and the Chard Rural District Council. Councillor Pinney, Chairman of the Public Health Committee, presided and explained that the Meeting had been asked for:

1. Because no opportunity other than by way of correspondence had been available to the Council to put forward the local point of view, and the Council felt that such an opportunity ought to have been available.
2. Because it was necessary to emphasize the lack of co-operation between Hospital and Public Health Authorities, and
3. Because the Council wished to try and see in what way efforts could be directed towards securing the reopening of the Maternity Unit.

In the 1930's, the need for a Maternity Unit in Crewkerne and District had been a pressing need. As a result, a sufficiently large sum was raised by voluntary subscription in the Crewkerne Hospital area, to provide the required facilities, and the Unit opened. It had given consistently good services, throughout the War and up until the end of 1953. In the Council's view, the need still exists.

The Regional Hospital Board's representative commenced by stating that it had been the wish of the Management Committee to continue to make use of the limited maternity services at the Crewkerne Hospital. However, subsequently, it was disclosed that

for economic reasons it had been decided to provide centralized alternative services at Yeovil and there could be no revision of the decision to close the Crewkerne Unit.

Following that Meeting, the Crewkerne Council sent a formal protest to the Minister of Health, but this was unsuccessful in altering the position. However, I do not feel that the protracted negotiations of the Council with the Management Committee and the Regional Hospital Board were entirely wasted. The interests of both sides and their future intentions were disclosed, and at least the lack of liaison between Local Councils and the Regional Hospital Board, was clearly demonstrated, and no doubt legislation will eventually remedy this serious deficiency.

Health Visiting Two of the District Nurses have now got the Health Visitors Certificate, and in addition, Mrs. Pitt is working as the Tuberculosis Health Visitor in the Town.

The primary function of a Health Visitor is to visit the home of the people and I am quite confident that at present this work is being done in a very efficient manner. This is particularly true in respect of the following up of children with defects discovered at school medical inspections. None are overlooked, and if parents co-operate they will derive a maximum benefit from this part of the Health Service.

Home Nursing In addition to their many other duties, the District Nurses visit people's homes to carry out a very large number of duties. These may include dressing wounds, giving injections, bathing patients, and many other similar medical duties too numerous to list. A great deal of this work is concerned with the older members of the community, and we have every reason to be thankful for the kindly manner in which our Nurses have been working during the past year.

Immunisation During the year, the County Council, as Local Health Authority, in co-operation with the local District Council, took every opportunity to stress the need for immunisation against Diphtheria. Every means of publicity was used. An intensive drive was organised in February, during which posters were displayed on the Council Notice Boards in the Clinic and a slide was shown at the local cinema.

Immunisations were mainly carried out by myself at the Infant Welfare Clinic, but in addition to this a considerable amount of work was done by the general practitioners of the Town.

There is a growing demand for combined immunisation against Whooping Cough and Diphtheria. This is given in three injections at monthly intervals starting at the fourth month, so that the course is completed before teething commences in earnest. If, however, parents request immunisation against Diphtheria only, then this is given at a slightly later age and necessitates two injections. All children require a further booster dose against Diphtheria at the age of five years, so this is given when they commence school.

Fifty-six combined immunisations against Whooping Cough and Diphtheria were given during the year.

In addition, I have been giving inoculations against Typhoid and Cholera to those persons travelling abroad to countries where it is endemic. Persons requiring inoculation against Yellow Fever have to travel to Bristol or London as we are unable to keep this type of prophylactic under the required conditions.

Vaccination Forty-nine primary vaccinations were carried out, and in addition five re-vaccinations.

I am pleased to say that this is an increase on previous years, but is still not one hundred percent. The reaction to vaccination in infancy is very mild indeed and all boys who later do National Service must be vaccinated and a re-vaccination at that age is a very mild procedure compared with primary vaccination at the same age.

This is only one minor aspect; the real need is to protect the population against Smallpox which has ravaged this country in the past and as Macaulay has described it "is the most terrible of all ministers of death". I cannot stress too often that in these days of rapid air travel from the East and the increasing number of unvaccinated persons in the population, the danger of an outbreak increases.

Home Help Service The Home Help Service organised by the County Council was available in the Town throughout the year. I was impressed with the high standard of the workers employed by the County Council, and in one particular instance the improvement made in an old man's home in his last few months, was really outstanding.

School Medical Service All the schools in the Town have been inspected by myself during the year and details of these inspections can be found in Appendix B Table 2.

I continued to give a full examination to all children on entry to school life, on transfer from primary to secondary education, and in the last six months before leaving school. In addition, I examined all children with defects and all cases specially referred to me by the Teachers or at the request of parents.

Colour Vision During the routine medical inspection of school children, I carried out an investigation into the proportion of children who are Colour Blind. There seems to be a good deal of confusion in parents' minds about the subject, so I feel it will be useful to discuss some aspects of the condition.

To start with, the term Colour Blindness is a misnomer and a far better term is "defective colour vision", and it is the one which I propose to use.

We have as yet no definite information about the cause of defective colour vision. The outstanding characteristic of all persons with the condition is that the total number of colours which they can recognise as distinct from one another is significantly smaller than the number which the normal observer can distinguish under the same conditions.

A person with defective colour vision is a person with a deficiency and not merely a different form of vision. The most striking deficiency is usually revealed when the attempt to distinguish red from yellow or yellow from green is made, with the absence of any brightness difference. Other colours which tend to be confused are blue, green, grey and purple. On the other hand, the defect does not normally lead to much difficulty in distinguishing green from blue green, blue green from blue, yellow from grey or grey from blue.

One point which is extremely important should now be noted. A child in the nursery begins to recognise differences between

colours and is taught that a brick is red, a banana yellow, an orange is orange, grass is green etc. until eventually he has a great many objects which help him by association to link up each colour sensation with its appropriate name. Because he has been taught that green is the colour which grass possesses the person with defective colour vision when asked the colour of grass, will naturally reverse the process and reply "green" whatever the quality of his visual sensation. Greens and yellows are lighter than browns and reds and this may help him to differentiate one from the other. It is as well that he has the subsidiary aids to help him. He may, it is true lose something of the beauties of nature through his reduced range of colours, but since he will be quite unaware of the nature of his loss, it is unlikely to trouble him overmuch.

The type and number of mistakes a colour defective makes will of course depend on the type and degree of the defect. It will also depend on the conditions under which he is working. Persons with normal colour vision often have difficulty in recognising colours when the lighting is bad or the objects are dirty or small in size. Similarly the number of mistakes made by a colour defective increases under these more difficult conditions. Thus while a person with defective colour vision may succeed in distinguishing between red and green signal lights when close at hand, yet when they are seen as pin points of light in the distance, or through fog or rain, they will be far more liable to error.

In the great majority of cases, defective colour vision is congenital, but some loss of colour sense can be acquired, for example, by excessive smoking. When a Father is congenitally colour blind his Daughters will be carriers of the defect without themselves being defective, but none of his Sons will be either a colour defective or a carrier. When a Mother is a carrier, half her Sons will, on the average, be colour defectives and half her Daughters will be carriers. The defect will, however, become evident in half the Daughters of a carrier Mother and a defective Father. When both parents are affected all Daughters will have defective colour vision. It follows that the number of women who have defective vision is very much smaller than the number of men. Statistics show that the percentage of colour defectives in the male population is approximately 8%. In my small survey in Crewkerne it was 7.9% for boys and 2.56% for girls. Of 128 boys examined 10 were defective, and of 117 girls, 3 were defective.

Information about the age at which defective colour vision becomes evident is conflicting. It seems quite certain that those who possess the defect do so from their earliest years. However, some children may fail to describe colours correctly because they are mentally backward or through lack of education and not through any defect in their visual apparatus. The earlier it is possible to find out whether children are suffering from colour vision defects the better it is from the point of view of deciding upon their future careers. There are a number of careers which are completely closed to them if they are suffering from colour vision defects.

The desirability of carrying out school testing of colour vision is generally admitted by all who have investigated the condition. Many industrial firms have also stressed its importance so as to avoid disappointment when seeking future employment.

There are many methods of testing colour vision, but one suitable for use by a School Medical Officer has to be quick, not too complicated and capable of being carried out in an ordinary room. I think that confusion charts such as the

Ishihara Charts I used in this survey are probably the most suitable. Testing has usually been done on all children due for a routine medical examination at the age of 10. No difficulty was experienced in dealing with children of that age. Once what was required of them was explained they immediately gave full co-operation. The time taken to test each child was generally about one minute. All children found to have a defect were informed of their defect and retested. In each case a letter was sent to the parent informing them of the presence of the defect and reminding them of its bearing on a future career.

I consider that testing by the method suggested above should become standard throughout the Somerset County school medical service. All those with seriously defective colour vision would be known and the parents informed. I also advocate more stringent pre-vocational tests for all who propose to enter a trade or profession in which normal colour vision is important. This latter test is of course outside the scope of the school medical service.

Speech Therapy A Speech Therapy Clinic is held once weekly on Friday. Miss Henshaw, the Speech Therapist, gives individual tuition by appointment, to school children in the area. She has had notable success already and of course it has obviated parents travelling to either Yeovil or Taunton, where a service was previously available.

Breathing Exercises Clinic Towards the end of the year a Breathing Exercises Clinic was commenced and is held every Wednesday afternoon in the Clinic building. This is run by the Health Visitors who have had training in the special methods of improving children's breathing, and is particularly designed to help asthmatics and those with similar disability. It is too early to assess the practical value of this Clinic, although my immediate impressions are that it will be a very valuable addition to the Paediatric Services of Crewkerne.

Minor Ailment Clinic I do not hold regular sessions at the Clinic for the treatment of minor ailments, but arrange a Clinic following a school medical inspection, so that any minor conditions with which I can readily deal, are speedily treated. This, I hope, relieves the pressure on general practitioners in their surgeries and enables them to deal with more serious and urgent matters.

School Dental Service Once again the Crewkerne area is without a Dental surgeon. This, despite the fact that the Council offered the County Council special housing for a Dentist if he were appointed to work in our Clinic. Following representations by both myself and the Council to the County Medical Officer, the Chard Dentist attended on Saturday mornings once per month from the middle of June, to carry out emergency treatment and to deal with cases referred to him.

During a recent hygiene inspection to the schools, our District Nurses produced very long lists of names of children who are in need of dental treatment. We are fortunate in having a most excellent private dental practitioner in the Town who treats as many school children as he is physically able to do, but quite obviously with his other commitments he is only able to deal with a very small proportion of those in schools under the direction of the County Education Committee.

There is a nation wide shortage of dental surgeons, but the shortage in the school dental service is even more acute. At the beginning of 1955, the Somerset County Council, with a permissible establishment of 24 Dentists had 20. By the end of the year, this had dwindled to 10. When it is realized that Somerset is a much more attractive County in which to work than many industrial areas, this really must give rise to surprise and anxiety. Although most people appear to know that one of the main causes for poor recruitment is the low remuneration offered in Local Authority employment, yet nothing seems to be done on a national scale to improve the situation. Unless the Government is prepared to direct Local Authorities to offer Dental Surgeons considerably better terms of service, I can see no likelihood of an improvement in the situation in the near future.

Orthopaedic Service An Orthopaedic Clinic was held every month throughout the year in Crewkerne and was extremely well supported by the parents who appreciate not having to travel to Yeovil as used to be the case. A fully qualified Orthopaedic Sister is in attendance and she sees all cases at regular intervals between their appointments with the specialist. In this way she is able to keep a constant check on progress and refer back any who should see the specialist sooner than was originally anticipated.

Ophthalmic Service At each school medical inspection I examine every child who has any eye defect whatsoever. I check the correction of their glasses and also check up on whether or not they are carrying out the directions issued by the Ophthalmic Specialist at the last appointment. If glasses are in need of repair or the correction does not satisfy me, I refer the child back to the person who made the glasses, and in some instances to the County Oculist who holds a weekly Clinic, especially for school children, at Yeovil Hospital. During the year there were one or two minor misunderstandings due I think to the fact that all recommendations on school medical inspection cards have to pass through several hands before reaching the Ophthalmic Specialist. However, by fairly frequent personal contact with Mr. Wilson at the Hospital, I have been able to improve our relations with him and I hope that our difficulties are a thing of the past.

Most of the children of Crewkerne have their prescriptions for glasses dispensed by Mr. Simmonds and I appreciate the co-operation I have received from him during the year. He is always prepared to give special attention to any urgent cases and his prompt repair of the many breakages of children's glasses undoubtedly helps me.

Physiotherapy Clinic As I have stated in the introductory paragraph, a Physiotherapist gives treatment at the Clinic on two whole days each week. This is a service provided by the Regional Hospital Board but it is obviously of necessity to the Local Public Health Committee, in that it is a service which increases the speed of recovery of persons who have had bone and muscle injuries, and in addition gives a great deal of relief to the older members of the population suffering from rheumatic and arthritic conditions.

In 1955, 130 new patients attended the Clinic as out patients these involved 2,114 attendances. The 1954 corresponding figures were 92, and 1, 337. This shows how much more treatment the better facilities at the Clinic have made possible. There is no longer a waiting list.

Epileptics and Spastics Any cases of epilepsy occurring in the area are referred to a Specialist at Taunton who is able to carry out Electro-Encephalogram and other necessary investigations and then advise on the correct course of treatment. A copy of his report is always available to the School Medical Officer if the patient be of school age. Where it is considered necessary for a school child to attend a special school on account of the disease, it is possible to have them admitted to the Chel- font Colony where the Somerset County Council maintain a certain number of students.

There are 4 spastic children in the area, 1 receives home tuition, another has been sent to St. Loyes for special training to enable him to become self-supporting, and the other 2 have not yet commenced school.

Blind Persons There are eight registered blind persons resident in the area. No cases of Ophthalmia Neonatorum were notified.

Ambulance Service The Somerset County Ambulance Service covered this area during weekdays from their central depot at Yeovil. During the year they have been equipped with radio telephone and this has undoubtedly increased their efficiency. During non-working hours and at weekends, Mr. Sutton has continued to cover the district with the Red Cross Ambulance and during the year he answered 38 calls covering 349 miles. During the months of January, February and March, however, the Ambulance was away for overhaul.

National Assistance Act No Statutory action was taken during the year under this Section, although certain local feeling was in favour of my acting in a particular instance. However, with the agreement of the Council I acted informally, and I felt, with a better result to the person concerned.

Care of the Aged Last year I stressed the fact that the home is the right and proper place for an old person to spend his declining years. The prevention or anyhow the control of degenerative disease is more important than the treatment of the advanced case. Due to the lack of appreciation of these points in the past, the demand for Institutional accommodation for old people far exceeds the supply of beds, and the problem must be tackled vigorously by Local Authorities. The first requirement is the provision of special housing to meet the particular needs of old age.

Negotiations continued throughout the year in the hope that it would be possible to incorporate the antiquated Almshouses in West Street in a scheme to provide such housing, or alternatively, for the Charity Commissioners to bring the Almshouses up to a satisfactory modern standard. Unfortunately, nothing concrete has yet emerged. Towards the end of the year a plan was put forward to modernize the Almshouses in South Street. In this connection, I must warmly compliment the Round Tablers for their active interest and financial help towards this project. During the last few years both the Rotary Club and the Round Tablers have given a great deal to bring help to the sick and aged of the Town, and I myself and the Council owe them our thanks.

The Old People's Club continues to flourish. Here again the Rotary Club provides transport for those unable to get there of their own accord.

SECTION C

Prevalence and Control over Infectious and Other Diseases

A summary of notifications will be found in Appendix C, Table 1.

There was a fairly sharp outbreak of Measles in the early part of the year, but fortunately there were no serious complications.

Of the two cases of Acute Poliomyelitis notified, both were adults, which illustrates what recent experience has shown that it is no longer a disease of infants, but affects all ages of the population. Both cases were still in Hospital at the end of the year but making satisfactory progress.

The case of Cerebro-Spinal Meningitis, one of the severest I have seen in recent years, made an excellent recovery.

One of the cases of Acute Poliomyelitis involved a person resident at the Grammar School, and it may be of interest to know what action was taken in this instance. The patient was immediately removed to Isolation Hospital. All parents of boys at the school were informed of the case and were given the option to remove their child from the school for 21 days should they so desire. At the same time they were informed of the precautions which the school itself intended to take with all the pupils. These steps included the cessation of all strenuous activities, avoidance of unnecessary groups like full assembly of the school etc., particular attention to ventilation of all classrooms and dormitories, strict observance of personal hygiene and careful clinical observation of all boys by the resident medical staff. I am pleased to be able to report that no further case occurred in the school. Of some 170 pupils on the roll, including 109 boarders, only 3 boarders and 6 day boys were removed for the period of quarantine by the parents. All returned fit and well at the end of the three week period.

Mass Radiography The Mass X-Ray Unit made its annual visit to the Town in July and details of the visit are shown in Appendix C Table 2.

There were no active cases of Tuberculosis, but 2 inactive cases were discovered. In addition, some 6 Non-Tuberculosis abnormalities were brought to light. The total number of persons attending showed an increase on 1954, but some 50 below the figure for 1953.

The Area Chest Physician reports that the situation as regards Tuberculosis in the Town is satisfactory, in that there are no known sputum positive cases of adult Tuberculosis at large. Cases continue to be diagnosed but he is able to admit them for treatment without much delay. With the reduction in open cases of Tuberculosis special indications for vaccination of contacts with B.C.G. have decreased.

The housing situation of Tuberculous patients is satisfactory with one or two exceptions where the patients are anxious to transfer from a rural to an urban district, and in these cases I do endeavour to explain to them that two housing authorities are involved and try to persuade them to apply for rehousing within their own district.

SECTION D

Environmental Health Services

A. Sanitary Circumstances

Climatic Conditions A total of 31.06 inches of rainfall was recorded during 1955, the average rainfall being 33.6 inches. It was a reasonably dry year with prolonged periods of sunny weather during the summer. However, in the early months there was some severe weather which included heavy falls of snow as late as May. Fortunately, there was no very cold weather in the latter months.

Water Supply Despite the dry weather referred to above, there was no shortage of water whatsoever, and the quality was satisfactory. Details of the chemical and bacteriological reports will be found in Appendix D. Table 1, together with other relevant data concerning the distribution of the supply. It will be noted that the only unsatisfactory bacteriological samples were those taken from water in private wells.

Following the receipt of an unsatisfactory sample, the owner and the tenant are both informed of the fact and advised of the necessity for temporary preventive measures such as boiling the water and of how to overcome their difficulties permanently.

The only extensions during the year consisted of linking up of existing mains and extensions in Lang Lane and the Housing Estate.

Drainage and Sewage Disposal There was no change in the methods of disposal during the year, and the Eastern Outfall Works were under very careful management, but as I reported last year, the Council are still considering the possibility of erecting more modern works on the site. The only extension of sewers was for the new Council Estate.

Public Cleansing and Refuse Collection Weekly removal of refuse from each house is carried out by direct labour. In addition special collections are made by request for removal of trade refuse etc. The roads have been kept in very good condition by the Council's staff, and the clean appearance of the Town is frequently remarked upon.

The collection of paper for salvage continued, and there was a growing market for its disposal. The income derived helps to defray expenditure in other directions and indirectly helps the rate fund.

Rodent Destruction The Rodent Operator continued to carry out routine inspections and treatments where necessary in the Town. No heavy infestations were detected.

Swimming Baths There is only one privately owned Swimming Bath in the Town and that is at the Crewkerne Grammar School. It is used by the boys during the summer term. It is chlorinated by hand and residual readings are taken 30 minutes after treatment. A filtration plant with circulating pump was installed there during 1955, and this definitely improved the quality of the water.

Smoke Abatement Little or no trouble was experienced during 1955 due to industrial smoke. The great majority of smoke pollution in a Town of this size is caused by domestic fires, and as the proportion of slow combustion fireplaces increases, it diminishes.

B. Factories Act

During the year Mr. Gully made numerous inspections of premises under the Factories Act and details of this work will be found in Appendix D Table 2.

C. Housing

This year, the Ministry have requested fairly detailed information and as this has necessitated a rather long Appendix in which every detail is given, I do not intend to enlarge on this subject. The details referred to will be found in Appendix D. Table 3.

Recreation Ground The Recreation Ground was used throughout the year for cricket and football. In addition, the special area set aside for children and provided with swings etc. was greatly appreciated.

D. Inspection and Supervision of Food

Milk There are 4 registered distributors in the area and 4 dairy premises. There are 3 dealers in designated milk. Sampling was carried out by the County Council's staff.

Ice Cream There are no premises registered for the manufacture of ice cream, but 23 are registered for the retail of the pre-packed product. Details of the samples taken will be found in Appendix D. Table 4.

Meat There are no licensed slaughterhouses within the Urban District, and all meat is imported from the surrounding areas, where it is inspected after slaughtering. There is a Meat Haulage Company operating in this part of Somerset whose centre is in Crewkerne. I am pleased to say that their staff are conscientious in their personal hygiene and do not fail to wear protective clothing when handling the meat. The lorries are also kept in a satisfactory manner. The Manager of the Company is most anxious to maintain this high standard, and never fails to co-operate in any matter brought to his notice.

Licensed Premises During the last twelve months the Sanitary Inspector and I have inspected all Licensed Premises within the district. These premises are subject not only to legislation, the enforcement of which is the concern of the Sanitary Authority, but also are controlled by annual licences under the Licensing (Consolidation) Act, 1910.

Licensed premises are defined under this Act as "premises in respect of which a Justice's Licence for the sale of intoxicating liquor has been granted by that Act and is still in force." They include beer houses, public houses and certain parts of inns and hotels. The licences referred to are granted by licensing justices who are a Committee formed from the Justices of the Peace. The Justices may inspect the premises they license themselves but frequently delegate this work to the Police or local Health Department.

Section 89 of the Public Health Act, 1936, provides that the "local authority may by notice require the owner or occupier of any inn, public house, beer house, refreshment house or place of public entertainment, to provide and maintain in a suitable position such number of sanitary conveniences for the use of persons frequenting the premises as may be reasonable."

Although there is no definition of these terms used in lieu of the expression "licensed premises" in the Act, regard may be

APPENDIX A TABLE 1

Registrar General's Estimate of Population mid 1955	3,970
Area	1,291 acres
Number of inhabited houses at the end of 1955, according to the Rate Book	1,402
Rateable Value	£24,092
Sum represented by a penny rate	£93.7s.4d.

APPENDIX A TABLE 2

BIRTH RATE	11.6 per 1,000	Comparability Factor	1.07
		M.	F.
Live Births		Total	22 24
		Legitimate	21 24
		Illegitimate	1 -
Still Births		Total	- -
Deaths of Infants under 1 year		Total	- -
Deaths of Infants under 4 weeks		Total	- -

APPENDIX A TABLE 3

DEATH RATE	11.3 per 1,000	Comparability Factor	0.83
		M	F
Table of Deaths	Total	44	23 21

Causes of Death

Heart:	Coronary Disease	5	4	1
	Other Heart Disease	8	3	5
Circulation:	Vascular Lesions of Nervous System	4	2	2
	Other Circulatory Disease	2	1	1
Cancer of:	Lung	2	2	-
	Stomach	2	-	2
	Uterus	2	-	2
	Other Sites	4	3	1
Lungs:	Pneumonia	2	2	-
	Bronchitis	2	1	1
	Other Respiratory Diseases	1	-	1
Diabetes		1	1	-
Influenza		1	1	-
Nephritis		1	1	-
Gastritis		1	-	1
Pregnancy		1	-	1
Accidents (other than motor vehicles)		1	-	1
Other ill-defined causes		4	2	2

APPENDIX B TABLE 1

Crewkerne Child Welfare Clinic

Statistics for the twelve months ended 31st December, 1955

1. Number of children who first attended during the year and who at their first attendance were:-					
Under one year of age	...	...	...	...	63
2. Number of children who attended during the year and who were born in:-					
(a) 1955	...	...	...	...	48
(b) 1954	...	...	...	...	34
(c) 1953-50	...	...	...	...	32
3. Total attendances during the year made by children who at the date of attendance were:-					
(a) under one year of age	...	...	...	...	430
(b) over one but under two years of age	...	...	...	...	20
(c) over two but under five years of age	...	...	...	...	72
4. Number of individual mothers who attended during the year:-					552
5. (a) Total number of sessions held:-					
(i) with Medical Officer	...	...	...	...	23
(ii) other sessions	...	...	...	...	-
(b) Number of children examined by doctor	...	...	...	...	73
(c) Number of children immunised	...	...	...	...	56
(d) Number of children vaccinated	...	...	...	...	54
(e) Total number of medical consultations	...	...	...	...	183

APPENDIX B TABLE 2

Name of School	No. on Roll	No. Inspected	Date of Inspection	Children having Milk	Children having Dinners
Crewkerne Infants'	132	100	15/16.2.55	66.66%	25%
Crewkerne Girls'	104	63	25.2.55	67.30%	25.96%
Crewkerne Boys'	122	59	17.2.55	95.81%	45.81%
Crewkerne Secondary Modern	281 334	93 115	11/13.5.55 29/30.11.55	42.70% 43.11%	50.88% 50.29%
Crewkerne Grammar School	170	26	23.6.55	85.29%	88.23%

made to definitions in other enactments or may be based on legal decisions made under other legislation. A public house is a drink shop in which, surprisingly enough, there is no obligation to serve intoxicating liquor although those open before the Licensing Act, 1904, are under obligation to serve other types of refreshments of a reasonable character if required. An inn is under an obligation to provide food and intoxicating liquor if the inn is licensed. The innkeeper must consider his guests reasonable requirements and look after their possessions during their stay. An inn is therefore a place in which bona fide travellers may obtain rest (i.e. a bed) and refreshment on their journey. By general acceptance the word hotel has replaced the word inn in many cases.

All beer houses are licensed premises. A beer house does not usually sell spirits, but it has privileges over other licensed premises. In the case of other licensed premises the Justices can refuse to renew the licence on the grounds that the premises are structurally unsuitable and deficient, but in the case of a beer house this is not so.

This situation arose due to our changing habits in the 18th and 19th centuries. Our successes abroad during these times led to a change in our national customs and we began to drink more wine and spirits as was done in other European countries at the time. The government came to the conclusion that this was detrimental to the national character and in 1830 passed an Act which enabled any householder to sell beer and cider on payment of an annual sum in excise duty (two guineas). A large number of these beer houses sprang into existence. It was not until 1869 that magistrates were empowered to control the issue of annual licences for beer houses. The 1874 Licensing Act confirmed this and allowed magistrates to refuse the renewal of a beer house licence except in the case of pre-1869 beer houses. Hence today "beer houses" are licensed houses which sold beer and were in existence before 1869. The term "public house" is now applied to all premises licensed after that date and to premises which sold beer and wine and spirits before 1869.

The Licensing Acts empower Justices to consider renewals of licences and such applications are considered annually at the "Brewster Sessions." With the exception of the pre-1869 beer houses, the Justices can refuse to renew licences on the ground that the premises have been ill conducted or on grounds connected with the character or fitness of the proposed holder of the licence, or that the premises are structurally unsuitable and structurally deficient.

If licence renewals are refused on the grounds as stated, compensation need not be paid by the Compensation Authority and I am surprised that the licensing Justices have not taken more advantage of these powers considering the number of public houses that fall short of a reasonable structural standard. Numerous public houses not only here but all over Somerset, either in law or in fact are not qualified to be licensed because of faulty construction, defective sanitary condition and lack of proper ventilation. If Justices would refuse a licence in such cases, or would make the renewal subject to executing the necessary work in order to raise the house to a satisfactory standard, they would greatly assist the Health Department.

The compensation referred to above is not provided by the local authority or the state but by the Trade itself. The Trade is obliged to join the Mutual Insurance Scheme first set up by the Licensing Act, 1904, and contributions are levied upon all licensed premises for this purpose.

The jurisdiction of the Justices as to the structural suitability extends to the whole of the premises and not only to those portions of them where liquor is sold. Licensed premises are an entity: this applies to sleeping accommodation both for the licensee and his family and visitors, the cellars, the drains and the sanitary conveniences. Alterations to licensed premises must not be carried out without the consent of the Justices, but if the alterations are required by the local authority under statutory enactment, the Justices cannot refuse consent, but at the same time the owners must notify the licensing authority.

As a result of my initial inspection of the seventeen licensed premises in Crewkerne, a list of minimum requirements which would ensure a satisfactory hygienic standard, was compiled in respect of those premises in which deficiencies had been noted. These mainly referred to the provision of adequate washing up facilities in the bars, including hot water, and certain improvements to the sanitary arrangements.

A copy of the requirements was sent to the brewers in respect of each licensed premise they owned and a copy was forwarded to the Clerk to the Magistrates for information. A follow up inspection was made twelve months later. I am pleased to say that in every case bar one, the brewers had complied with the requirements or buildings had been given orders to execute the work. In the outstanding case the brewer's architect, the Sanitary Inspector and myself met on the licensed premises and agreed the necessary alterations and the plan was to be submitted to the next meeting of the Licensing Magistrates.

The co-operation of the brewers in respect of Crewkerne licensed premises was much appreciated.

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	Other Circulatory Disease	2	1
Cancer of:	Lung	2	2
	Stomach	2	-
	Uterus	2	2
	Other Sites	4	3
Lungs:	Pneumonia	2	2
	Bronchitis	2	1
	Other Respiratory Diseases	1	-
Diabetes	1	1	-
Influenza	1	1	-
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APPENDIX C TABLE 1

Infectious & Other Notifiable Diseases

Measles	104
Scarlet Fever	2
Acute Poliomyelitis	...	...	...	2
Acute Cerebro-Spinal Fever	...	...	...	1

Analysis of Cases Notified

Under

1 yr. 1-2 2-3 3-4 4-5 5-10 10-15 15-20 20-35 35-45 45-65 65+

Measles 5 13 20 61 2 3

Scarlet Fever 2

Acute Poliomyelitis 2

Acute Cerebro-Spinal Fever 1

TUBERCULOSIS

Age Group

	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
- 1								
1 - 15								
5 - 15								
15 - 25								
25 - 35								
35 - 45								
45 - 55	55	1						
55 - 65								
65+								
Totals:	1	-	-	-	-	-	-	-

APPENDIX C TABLE 2

MASS RADIOGRAPHY

Report of Survey at Crewkerne, July, 1955.

<u>Miniature Films:</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
		357	376	733
<u>Large Films:</u>	<u>Total recalled:</u>	10	12	22
	<u>Did not attend:</u>	-	-	-
	<u>Normal:</u>	1	4	5
	<u>Significant:</u>	6	2	8
	<u>Under Observation:</u> *	3	6	9

Tuberculous Conditions:

<u>Active Tuberculosis:</u>	-	-	-
<u>Inactive Tuberculosis:</u>	1	1	2
<u>Under Observation:</u> *(Included in above total)	2	3	5

ANALYSIS OF TUBERCULOUS CASES

<u>Active Tuberculosis:</u>	<u>Under 15</u>	<u>15-24</u>	<u>25-34</u>	<u>35-44</u>	<u>45-59</u>	<u>60+</u>	<u>Total</u>
Male							-
Female							-
<u>Total:</u>							-

Inactive Tuberculosis:

Male		1	1
Female			
<u>Total:</u>		1	2

NON- TUBERCULOUS CONDITIONS

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Acquired Cardio Vascular Lesion	1	1	2
Abnormality of the Bony Thorax	1	-	1
Congenital Malformation of Lung	1	-	1
Pneumonoconiosis	1	-	1
Pulmonary Fibrosis	1	-	1
<u>Total:</u>	5	1	6

APPENDIX D TABLE 1

Water Supply

Piped Supplies - results of samples taken for Analysis:

Raw Water		Treated after going into Supply	
Bacteriological	Chemical	Bacteriological	Chemical
Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
3	4	2	-
			6
			-
			-
			-

Water Supplies from Public Mains:

Direct to Houses		By Means of Standpipes	
No. of Dwelling Houses	Population	No. of Dwelling Houses	Population
1376	3964	21	26

APPENDIX D TABLE 2

Factories Act 1937

Inspections for the purpose of provisions as to Health (including inspections made by the Sanitary Inspector)

Premises	Number on Register	Inspections	Written Notices	Occupiers Prosecuted
Factories in which Sections 1, 2, 3, 4 and 6, are to be enforced by Local Authorities:	7	7	...	-
Factories not included in (i) in which Section 7 is enforced by the Local Authority	35	50	-	-
Totals:	42	57	-	-
Cases in which defects were found		...	...	3
Cases in which defects found were remedied		...	...	3

Outwork

No. of outworkers in August List required by Section 10 ... 79

APPENDIX D TABLE 3

Housing

Total number of permanent dwellings in District 1402

Total number of permanent dwellings owned by Local Authority ... 295

Part 1 The total problem (As per Ministry Circular 55/54):-

(i) Estimated number of houses unfit for human habitation within the meaning of Section 9 of the Housing Repairs and Rents Act 1954, and suitable for action under Section 11 or Section 25 of the Housing Act, 1936. 141

(ii) Period in years which the Council think necessary for securing the demolition of all the houses in (i) 15

Part 2 Orders already made, etc:-

(iii) Number of houses in (i) in clearance areas and already covered by operative clearance or compulsory purchase orders or owned by the Local Authority Nil

(iv) Number of houses which are already in clearance areas and for which clearance or compulsory purchase orders have been submitted to the Minister but have not yet become operative Nil

Part 3 Action in the first five years:-

(v) Number of houses which are already in clearance areas and for which clearance or compulsory purchase orders are to be made or which are to be purchased by agreement within the five years Nil

(vi) Number of houses which are to be included in clearance areas still to be declared and which within the five years will be owned by the Local Authority or will have been included in a clearance order or a compulsory purchase order submitted to the Minister. 47

(vii) Number of houses under (iii), (iv), (v) and (vi) to be patched (if necessary) and retained within the five years under Section 2 of the Housing Repairs and Rents Act, 1954, for temporary accommodation .. Nil

(viii) Number of houses under (iii), (iv), (v) and (vi) to be demolished in the five years 47

(ix) Number of houses (including those already comprised in operative demolition orders) to be demolished in the five years as a result of action under Section 11 of the Housing Act, 1936. 10

	Houses erected during year	Houses in course of erection	Gained from conversion of large houses or buildings into flats or dwellings	Lost from conversion of two or more houses to one
Local Authority	26	5		
Private Enterprise	10	1		1
Totals:	36	6		1

Number of Post-War Houses
erected from 1st April to
31st December, 1955.

By Local Authority By Private Enterprise

170

38

Programme for 1956

By Local Authority By Private Enterprise

32

Unknown

(a) No. of temporary housing units occupied	(i) Prefabs	None
	(ii) Huts, etc.	None
(b) No. of houses found overcrowded .....	...	Nil
(c) No. of houses closed as a result of an undertaking given by the owners or following the issue of Closing Orders .....	...	2
(d) No. of houses demolished during year .....	...	6
(e) No. of houses made fit during year .....	...	10

Houses required:-

(i) To abate overcrowding .....	...	...	Nil
(ii) To overcome unsatisfactory conditions, e.g. two families living in same house but not included in (i) .....	...	...	Unknown

Total number of applicants for Council Houses at the end of the year:

90

Improvement Grants made under the Housing Act, 1949-54

No. of applications and houses dealt with by Local Authority:-

	Received	Approved	Rejected	Under Consideration	With- drawn
	No. of Aps.	No. of houses	No. of Aps.	No. of houses	No. of Aps.
31.7.49-					
31.12.54					
During year	3	3	2	2	-
Totals:	3	3	2	2	-

APPENDIX D TABLE 4Ice Cream

No. of premises registered for:-

(a) Manufacture and retail	...	...	None
(b) Manufacture only	...	...	None
(c) Retail only	...	...	23

No. of samples taken:-

	<u>Hot Mix</u>	<u>Cold Mix</u>
Grade 1	4	
" 2	2	
" 3	2	
" 4	-	